nanus manul Ons y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from connecting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days lowing the date of survey whether or not a plan of connection in provided. For sursing homes, the above findings and plans of correction are disclossable 14 yes following the date these documents are made systiable to the facility. If deficiencies are clied, an approved plan of connection is requisite to continued

CKES DATE

5/8/or

The facility must ensure the rights of all clients. Therefore the facility must inform each client parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental BORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

DEPARTMENT OF HEALTH AND HUMAN SERMCES

PRINTED: 04/28/2008 FORM APPROVED

(OG) COMPLETION DATE

5,8,08

ongoing

CENTERS FOR MEDICARE	& MEDICAID SERVICES	<u> </u>	OMB NO 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	P(2) MULTIPLE CONSTRUCTION A BUILDING	OC3) DATE SURVEY COMPLETED
	09G192	8. WING	94/17/2908
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP GO 3312 4TH STREET, SE	DE

PREFIX

TAG

Washington. DC 20032

W 124 Continued From page 1 W 124 and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients that were informed of their risks and benefits of their medication for two of the four clients in the sample. (Clients #2 and #4)

The findings include:

(X4) (D

PEFIX

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 During the entrance conference on April 14. 2008 at 8:50 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #2 received psychotropic medications for behavioral management. Review of the client's current physician orders revealed that the client received Frozec 40 mg, once a day. Fulfilher record verification indicated that the medication was incorporated into the client Behavior Supports Plan (BSP) dated February 28, 2008 to address targeted behaviors that included verbal aggression, physical aggression, self-injurious behaviors and property destruction.

Interview with the QMRP on April 15, 2008 at approximately 9:30 AW revealed that Client #2's sister is very involved in his life but are not the client's legal guardiens. Review of the client's. psychological assessment on June 5, 2007 at approximately 1:21 PM revealed that the client does not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Client #2's sister of the health)

W124

This Standard will be met as evidenced by:

1. Client #2 sister & client #4's mother are actively involved in their service plan and they are the decision maker for their family member. They had in the past signed off on consent for psychotropic medication and behavior support plan. However. the document has been purged from the record.

QMRP will follow up with client #2 and client #4 family members to review and sign off on current psychotropic medication and behavior support plan. QMRP will review and discuss potential risk and benefit with both family member. QMRP will ensure that family

member is fully knowledgeable and understand the rights of the clients. OMRP will provides documentation of information regarding all efforts to involve family members in the decision making process as well as on-going measures to ensure protection of the client's right. In addition,

QMRP will ensure that this information is filed inside the client record with a "do not thin "marked clearly on the document to prevent future removal of the information from client's record.

DRM CMS-2567(02-96) Previous Versions Obsolete

Extent ID; DLE3/1

Facility ID: 09G192

th continuation sheet Page 2 of 18

P.8 **延切U/**

This standard will be met as evidenced that the client was not fine client #2's mother was involved in his life but was not fine client #2's mother was involved in his life but was not fine client #2's mother was involved in his life but was not fine client #2's mother was involved in his life but was not fine client #2's mother was involved in his life but was not fine client in client #2's mother was involved in his life but was not fine client in client aggression, properly destruction, and self-injurious behaviors. Interview with the CIMP on April 15, 2009 at 9:30 AM revealed that Client #2's mother was involved in his life but was not fine client client content planning, residential placement, further in the life but was not fine client in client in the client #2's mother was involved in his life but was not fine client in the client was prescribed that the client was prescribed that Client #2's mother was involved in his life but was not fine client for life in the client was not fine client client was not was not fine client was not was no	04/28/200 NPPROVE 1938-039
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ID I X9 ID X9 ID X9 ID SUMMARY STATEMENT OF DEFICIENCISS GACH DEPOCIENCY MUST BE PRECEDED BYFULL RECELLATORY OR USE IDENTIFYING INFORMATION) W 124 Continued From page 2 benefits and risks of treatment associated with the use of his psychobropic medications and corresponding BSP. 2. Client #4 was observed during the evening medication pass on April 14, 2007 at approximately 5:00 PM and was administered Revia 25 mg and Seroquel 300 mg. Review of the client current physician's orders revealed that the client was prescribed the aformment/oned medication for behavioral management. Further interview with the LPN revealed that the medications were incorporated into Client #2's BSP dated Maph 30, 2007 to address thrighted behaviors that included disnobing and masturbation, screaming crying, physical aggression, properly destruction, and cell-injurious behaviors. Interview with the CMRP on April 15, 2008 at 9:30 AM revealed that Client #2's mother was involved in In his lite but was not the client's legal guardians. Review of the Client #4's, psychological assessment dated July 5, 2007, at approblemately 1:21 PM revealed that the client did not have the ability to make decisione on his behalf regarding habilitetion planning, residential placements, finances, readment and medical matters There was no documented evidence that the statility In the properties of the property destruction, and assessment is now completed and	mnea
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AM revealed that Client #2's mother was involved in his life but was not the client's legal guardians. Review of the Client #4's, psychological assessment dated July 5, 2007, at approximately 1:21 PM revealed that the client did not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the fability 1. Client #1 Occupational therapy assessment is now completed and filed in his completed and filed in	
Informed Client #4's mother of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. W 159 RETARDATION PROFESSIONAL MINISTECTION (QMRP will review individual need prior to the time of the ISP and ensure that all recommended assessments are completed and file on client record. W 159	ngoing
EM CNS-2567(02-98) Frevious Versions Obsolets Event (Dr Dasset Event (Dr D	

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PRINTED: 04/28/2008 DEPARTMENT OF HEALTH AND HUMAN SERMICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (CZ) MULTIPLE CONSTRUCTION (XII) DATE SURVEY AND PLAN OF CORRECTION COMPLETED a building B. WING 090192 04/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE 101 WASHINGTON, DC 20032 (X4) ID PREFEX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX COMPLETION DATE TAG TAG DEFICIENCY W 159 Continued From page 3 W 159 Each client's active treatment program trust be integrated, coordinated and monitored by a qualified mental retardation professional. 2.Reference W249 5.1.08 This STANDARD is not met as evidenced by: 3. Reference W252 ongoine Based on observation, staff interview add record 4. Reference W124 verification, the Qualified Mental Retardation Professional (QMRP) failed to coordinator services for one of the four clients in the sample. (Client #1) The findings include: 1. The QMRP falled to ensure that Client #1 received an Occupational Therapy assessment as ordered. On April 14, 2008 at 7:45 AM, Client #1 was observed with crooked fingers. Reviewof Client #1's medical record on April 15, 2008 revealed a nursing note dated March 13, 2008 frutfindicated that the client's fingerwas contracted more that usual. The Primary Care Physician was notified and requested an Occupational Therapy consult. Interview with the QMRP and Assistant Program Director indicated the assessment had not been completed because the facility was seeting a new Occupational Therapy consultant 2. The QMRP falled to ensure program: objectives was implemented as indicated in the IPP. [See W249] 3. The QMRP failed to collect data in accordance with clients' training program plan.

ORM CMR-2507(82-89) Previous Varaione Charles

The QMRP failed to ensure that each clients

(See W2521

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Facility ID: 09G192

If continuation sheet Page 4 of 18

P.10 **對ប៉ប់**ទំ

DEPARTMENT	OF HEALTH AN	MAMUH OF	SERVICES
CENTERS FOR	MEDICARE &	MEDICAID :	SERVICES

PRINTED: 04/28/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN (IT OF DEFICIENCIES OF CORRECTION	(M) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:	(902) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE 5 COMPL	
		09G192	B. WING		944	17/2008
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W 159	Continued From p	age 4	W 159			
W 189	behavior intervent of behavior modifi with the written inter and wzes]	tion technique, including the use ication drugs was conducted formed consent. [See!W124,	W 189	Balander et de la Balander et	ı	
	The facility must p	provide each employee with Ing training that enables the orm his or her duties effectively.	VV 100	W189 This Standard will be revidenced by: 1. Reference W 20 2. Reference W36	62	5.9.08 ongoing
	Based on observa record reviews, the each employee ha training that enable	is not met as evidenced by: allons, staff interviews and be facility failed to ensure that ad been provided with adequate- les the employee to perform his tively, efficiently and		2. AGELETICE WY 30		
, .	The findings include	de:				
	Implementation of	ed to document the programs in accordance with Plan (IPP) for one office four plan [See W262]		7 T		
	received all prescr	ed to ensure that Clients ribed medications without error ar clients in the facility.: [See		dodosen de de la companya de la comp	·	
W 249	483,440(d)(1) PR(OGRAM IMPLEMENTATION	W 249	1 1	İ	
	formulated a client each client must re treatment program interventions and a	erdisciplinary team has it's individual program plan, ecaive a continuous active consisting of needed services in sufficient number		to the state of distance and of		

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		AND HUMAN SERVICES	, T				FORM	: 04/28/2008 APPROVED 0938-039
STATEMENT AND PLAN C	r of difficiencies of correction	(AT) PROVIDERISUPPLIERCLIA IDENTIFICATION NUMBER:	V BAIT		E CONSTRUCTIO	NA L	(XI) DATE S COMPL	
		099192	P. WING			1:	04/1	7/2008
NAME OF P	ROMDER OR SUPPLIER		1	STREE	T ADDRESS, CIT	Y STATE ZIP C	OPE	
101					24TH STREET, SHINGTON, E			
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W 249	Continued From pa objectives identified plan.	ge 5 I in the individual program	W 2	49		. Branch 1 P		
٠.	Based on observati verification, the fact continuous active to	s not met as evidenced by: on, staff interview and record lity failed to provide eatment for two of file four he sample. (Clients #1 and		/ 2 6 1 1 0 p	W249 This Standard evidenced by: QMRP in-sente importance program goals/ the interdiscipling ddition, manage	rvice on active of implementa objectives imm	treatment and tion of all ediately after	
•		e: I to implement Client#1's ng program as evidenced		for to	omplete period ensure compl orth.	lid audit of the iance with this apy has completing positions	individual filed training as set eted training on	5.15.08 ongoing
	(ISP) dated June 6, 12:30 PM revealed activities of daily live "Given hand over h	's Individual SupportiPian 2007, on April 15, 2008, at a goal to improve his ng skills. The objective stated and assistance, [the client] will lift of the trials recorded for six		th pr	dividuals that ill continue to e repositioning ogram is comp Social Worker ining on client	reside in the homonitor staff of activity to ensileted as outling has completed.	ome. QMRP completion of sure the ed.	
	no program status. reflected that the pruntil March 2008 (ni interview with the Q	P's quarterly reviews reflected Review of the data sheets ogram was not implemented ine months later). In an NRP on April 15, 2008, he the program did not start until	:	QN mo	rther train the splementation of MRP and home onitor program lividual program orts are carried	of program as of manager will weekly and si	outlined. continue to gn off on each	
	2. The facility failed Physical Therapy go following:	to implement Client#4's bal as evidenced by the						

On April 14, 2008 at 4:20 PM, the staff

DEPARTMENT OF HEALTH AND MISMAN SECTIONS

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PRINTED: 04/28/2008

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DATE

5, 15,08

Ongoing

CENTERS FOR MEDICARE	4 MEDICAID SERVICES		FORM APPROVED OME NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	DENTIFICATION NUMBER:	DOZ) MULTIPLE CONSTRUCTION A. FULCING	(X3) DATE SURVEY COMPLETED

B. WING 096192 04/17/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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(X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI TAG REGULATORY OR LSC IDENTIFYING INFORMATION)

W 248 Continued From page 6

> repositioned Client #4 out of his wheelchair onto a mat. The staff placed the client on his back and instructed him to stretch his legs out. The staff positioned the client back into his wheelchair at 4:30 PM. Review of the client's individual Program Plan (IPP) on April 15, 2008 at approximately 11:50 AM, revealed that the client had an objective to "tolerate prone position for 10) minutes." During the colf conference on April 17, 2008, it was brought to the attention of the QMRP that the client was repositioned in the suplne position instead of the prone position satindicated in the clients IPP.

3. On April 14, 2008, at 11:08 AM, Client #3 was: observed with a radio with ear-pieces inthis ears. According to the staff, the client really likes musical and is usually seen with his radio earpieces attached to his cars. Review of Chant #B's program objectives on the same day, revealed and objective for the client to "select a music related activity to attend in the community with verbal assistance for six consecutive months by 6/08." According to the interventions/methods documented on the program, the staff were to present two (2) choices to the client. When asked about the community activities Cilent #3 participated in, the staff indicated that the client attended the Chateau. Review of the skill acquisition/data collection sheets for the aferementioned program objective revealed the following:

November 2007, the client was not presented with a selection of activities.

January 2008, the client was not presented with a selection of activities:

W 249

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W249 continued ..

WASHINGTON, DC 20032

2312 4TH STREET, SE

4. Physical therapist has provided additional training to staff both at the home and the day program to ensure client #1 walking program is carried out correctly and to further outline the use of wheelchair as recommended by the therapist.

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY

QMRP will continue periodic monitoring of the program to ensure staff compliance with recommendation as outline on the program. 5. QMRP will train staff both at home and at the day program on head rubbing protocol for client #1. OMRP will create a brief outline of the protocol to be place in client #1 record to ensure that all staff is aware and follow protocol as specified.

IRM CNIS-2567(02-99) Previous Versions Obsolete

Eviant ID: DLESHI

Facility ID: 09@192

If continuation sheet Page 7 of 16

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	• •	H AND HUMAN SERVICES E & MEDICAID SERVICES			FOR	D: 04/28/2008 MAPPROVED D, 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÉR/CLIA - AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(XX) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE		
	•	096192	E. WING	: 1	. Dat	17/2008
NAME OF P	PROVIDER OR SUPPLIER		331	ET ADDRESS, CITY, STATE, ZIP 124TH STREET, SE ASHINGTON, DC 28032		1112000
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W 249	,	age 7 3 client was not presented with	W 249			4
I	a selection of activ			a Farmicko		
		ent was not presented with a ea. He was offered cards as a				
	at approximately 1;	the QMRP on April 15, 2008 :30 PM, he acknowledged that implementing or documenting timed in the IPP.				
	4. The facility falle participate in his was opportunities arose					
·	propelling Client #1 bedroom. At 8:40, propelling the client for day program. A propelling the client van, upon arrival in PM, staff was again in the wheelchaft to	at 8:02 AM, staff was observed in his wheelchair to his AM, staff was observed at in his wheelchair to the van At 3:20 PM. staff was observed it in his wheelchair from the com the day program.: At 4:00 in observed propelling Client #11 o his bedroom to be changed. #1 was observed walking down as istance.				
	approximately 11:0 #1 harf a walking pr Physical Therapist. dated June 6, 2007 program objective v assistance, fine clie minutes for three di consecutive months Physical Therapy as	OMRP on April 15, 2008 at 10 AM indicated that the Client regram developed by the Review of the clients IPP 7 at 2:30 PM, revealed a which stated, "Given stand by entil will ambulate for 10 ays per week for 12 s". Further review of the seesment dated May 2007, rendations that the client				

:9· 	430	487 1 1671	P.3				
, :		PRINTED: 04/28/2008 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/17/2088					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIENCLYA IDENTIFICATION NUMBER:

(XZ) MULTIPLE CONSTRUCTION A BUILDING

09G192

B. WING

NAME OF PROVIDER OR SUPPLIER

IDI

STREET ADDRESS, CITY, STATE, ZIP C 33124TH STREET, SE WASHINGTON, DC 20052

IDI		WASHINGTON, DC 20032				
(XG) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (MACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING IMPORMATION)	ID PREPIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE		
ĺ	Continued From page 8 should use a wheelchair for long community outings, only.	W 249				
	5. Interview with the Day Program Contilinator on April 14, 2008 at approximately 10:30 AM indicated that Client #1 Ilkes staff to rubihis head. However the staff have been instructed to shake the client's hand. On April 14, 2008 at \$55 PM, Client #1 was observed rubbing his head on a direct care staff's chest and arm. Staff #1 shook his hand and then prompted the client to rub his own head. Interview with the Staff #1 inticated that the client likes to have his head rubbed. However there is a protocol in place for staff to implement when the resident request a fhead rub". At 6:52 PM, Staff #2 was observed rubbing. Client #1's head for three minutes. Therclient smilled broadly.					
	Review of the Client #1's protocol developed by the Social Worker revealed the following steps: - When staff greet Client #1, the staff should give him a firm hand shake;		To the state of th			
	- when Client #1 attempts to get staff torrub his head, staff should refuse and confinue to shake his hand and say, "[the client] it's nice to shake hands".		Account of the desired of the desire			
	- After shaking hænds,without rubbing [the client's] head, staff should again say, [the client'] it's nice to shake hands.					
W 252	There was no evidence that the facility implemented the protocol as written. 483.440(e)(1) PROGRAM DOCUMENTIATION	W 252	W252 This Standard will be met as evidenced by: Reference W249	ongoing		
	Data relative to accomplishment of the criteria					

DEPARI	MENT OF HEALTH	AND HUMAN SERVICES & MEDICALD SERVICES	T	-		FORM	: 04/28/2008 APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIF A. BUILDING	LE CONSTRUCTION		(COMPL	SURVEY ETED
		69G152	e. Wing			04/	17/2008
NAME OF P	ROVIDER OR SUPPLIER			eet addr <mark>ess, city</mark> 112 4th Street, s		DE	
IDI	•			ashington, Do	20032		
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W 252	Continued From pa specified in client in objectives must be terms.	ige 9 idividual program plan documented in measurable	W 252		The state of the s		
	Based on interview failed to collect da	is not met as evidented by: vand record review, the facility tarin accordance with clients' an, for two of the four clients in t #3 and #4)			**************************************		
	The findings includ	e:			1		1
	observed with a range According to the stand is usually seen attached to his earn program objectives objective for the clipactivity to attend in assistance for six (According to the indocumented on the present two (2) chinasked about the control patterned in, the ettended the Chattacquisition/data control patterned to the chattacquisition to the chatt	ole, at 11:08 AM, Client #3 was do with ear-pieces in his ears, aff, the client really likes musion with his radio earpieces. Review of Client #3's on the same day, revealed an lent to "select a music related the community with werbal consecutive months by 6/08." there are to bloss to the client. When community activities Client #3 staff indicated that the client staff indicated that the client staff. Review of the skill dilection sheets for the ogram objective revealed the			r par 17 an 18 antar de tables de Caldeste		
	November 2007, to with a selection of	ne client was not presented activities;		;	- - - - - -		

January 2008, the client was not presented with a selection of activities;

MAY-28-200	8 12:5	4 FROM:	
4/28/2005	92:27	FAX ZUZ4	14Z94JU

HENEY TIVI TO:2024429430

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO	: 04/28/2008 APPROVED : 0938-0391
ATEMENT	OF DEFICIENCIES F CORRECTION	(201) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		OG) DATE S COMPLI	
		09G192	F WING		<u> </u>	04/1	17/2008
AMIE OF P	ROMDER OR SUPPLIER		33	ET ADDRESS, CITY 124TH STREET, S	Ė	DE	
	. 			ASHINGTON, DC	S PLAN OF COR	EETTION	05
(X4) ID PREFIX TAG	ÆACH DEFICIENC	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BYFULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	ECTIVE ACTION ENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION
W 252		client was not prescrited with	W 252	,			
	April 2008, the clie selection of activition choice.	nt was not presented with a es. He was offered cards as a	·	:	4. A Table 1. A Table		
	Retardation Profes 2008 at approxima acknowledged that implementing of de	the Qualified Mental sienal (QMRP) on April 15, dely 1:30 PM, he the staff were not ocumenting the program as vidual Program Plan (IPP).		! !	er palm all and a spreamannian control of		
	11:30 AM revealed indicated that the officeres with 80% actual object or pit on April 15, 2008 a	t#3's IPP on April 14; 2008 at laprogram objectivating client would respond yes or no is accuracy when given an accuracy when given an ature. Interview with the QMRP at approximately 1:30/PM, affect is to answeryes or no to			And the second s		
	when asked about program data for J 17/31 trials the states assistance. When physical assistance QMRP acknowled.	the object. Review of the anuary 2008 revealed that on if documented physical asked how you provide a to a yes/no response, the ged that the staff were not program as outlined in the IPP		:			
	approximately 9:50 had an objective to attend in the color six consecutive	at #4's IPP on April 15, 2008 at 0 AM revealed that the client or select a music related activity minurity with verbal assistance of months by 6/08. Atcording to nethods documented on the			manufacture of the standard of		

program, the staff are to present two (2) choices to the client. When asked about the community

activities Client #3 participated in, the staff

MAY-28-200	8 12:5	5 F	ROM:		
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04/28/2008	02:27	FAX	2024	4294	30

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TO:2024429430

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES					FORM); 04/28/2008 A APPROVED), 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIEN/CLIA IDENTIFICATION NUMBER:	" "	IULTIPLE ILD)NG	CONSTRUCTION		COMPL	
		08 G19 2	B, Wil	NG			04/	17/2008
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W 252	indicated that the c Review of the skill sheets for the afon revealed the follow In September 2007 choice of church, r in January 2008 ar was movies no oth the Qualified Ment (QMRP) on April 1 PM, he acknowled documenting the p	lient attended the Chateau. acquisition/data collection amontioned programiobjectives	w	252				
W 263	The committee she are conducted only	ROGRAM MONITORING & could insure that these programs with the written informed nt, parents (if the client is a project.		263	W263 This Standevidenced Reference		net as	5.8.08 ongaing
i	Based on observative review, the facility client's behavior in the use of behavior conducted with the the client, parents	is not met as evidenced by: tion, staff interview and record- failed to ensure that each tervention technique) including r modification drugs was written informed consent of (iffine client is a minor) or legal the four clients in the sample.						

FORM CMS-2557(02-66) Previous Versions Obsolete

The finding includes:

The facility failed to obtain informed consent prior to the use of restrictive measures as described in Client #2 and #4's Behavior Support Plan. [See

Event ID: DLES11

Facility ID: 09G192

If continuation sheet Page 12 of 18

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COMPLETION DATE

5.22.08

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DEPARTMENT	OF HEALTH	AND HUMAN	SEKAIOE2
ENTERS FOR	MEDICARE	& MEDICAID	SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ON) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(CZ) MULTIPLE CONSTRUCTION ᇫᅂᄣᆀᆀ

PREFIX

CAS) DATE SURVEY COMPLETED

08G192

B. WNG

04/17/2008

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 3312 4TH STREET, SE

Washington, DC 20032

101

(C4) ID

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	
W 263	Continued From page 12	W 263	
W 331	W124] 489.460(c) NURSING SERVICES	W 331	

BUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BYFULL

The facility must provide clients with nutsing services in accordance with their needs

This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's nurses failed to assess clients as required, administer medications without error and ensure the security of the medications.

The findings include:

- 1. The facility's nurses failed to ensure that a health status was reviewed by the nursing staff of a quarterly or more frequent basis. [See W336]
- 2. The facility's nurses failed to ensure that medication nurse administered prescribed medication without error.

During the medication administration observation on April 14, 2008 at 5:30 PM, the medidation nurse was observed preparing Client #8's medications. The nurse put the medication in a souffle medication cup to crush the pills and while crushing the medication, three fourths of one pill (Dilantin 50 mg) fell to the floor. The medication nurse continued to crush the remaining pills.

NOTE: At 7:35 PM, the medication nurse was informed that the Dilantin pill fell to the floor, at that time she administered another Dilahtin pill. The medication nurse was observed thiowing the Dijantin pill in the trash can.

W331 This Standard will be met as evidenced by:

- 1. Reference W114
- 2. Additional training will be provided by the RN/D.O.N to all nurses (a) Medication administration(b) Medication disposal Guidelines (c) Medication error policies/ procedures, Medication storage protocol and Standard infection control practices and procedures.
- R,N will continue to provide a period monitoring of nurses when administering medication to ensure Compliance with the protocol/guidelines as
- trained.

3. Reference #2

ORM CMS-2557(02-99) Pravious Vessions Obsolets

Elvent ID: DLESH1

Facility ID: 01G192

If continuation sheet Page 13 of 18

MAY-25	3-2008 12:56 FR	OM:			TO: 20244294	130	P.8
04/28/2	2008 02:27 FAX	0244 29 430 EKA			:	PRINTED	: 04/28/2008 APPROVED
DEPART	MENT OF HEALTI	I AND HUMAN SERVICES		•		OMB NO	0938-0391
CTATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER	(XZ) MUL A. BUILD	TIPLE CONSTRUCTION	ON	(20) DATE S COMPL	URVEY
		09G192	B) MING			04/	7/2008
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101				Washington,			-, -
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W 331	There was no evid	ence that the facility nurse had	W 33	31			·
	notified the primar occurrence for fur	y care physician of this ther direction.					
W 358	proper conditions	trses failed to store daugs under of security. [See W381] MPREHENSIVE DENIFAL	W3	W356		. <u>-</u>	5.22.08
	treatment services	ensure comprehensive dental s that include dental care of pain and infections, · h, and maintenance of dental		evidenced A dental a has been c QMRP/me consult DI	ppointment ompleted for clie edical staff will OS Case		
	Based on intervie	is not met as evidenced by: w and record review, the facility mely dental services, tor one of notuded in the sample. (Client		Dental reformed dentist into the control of the con	ent for a list of errals, to see if the erested in providi s. bointment will result by the Primary ician or as recomment will result in the primary	ng services to t sume	he
	The finding includ	les:	ļ	By Dental			
	Review of Client 10:30 PM reveals dentist as docum	#1's records on April 15, 2008 at ad Client #1 was seen by a ented below:			,	; 	
	that the patient n	e dental consultant dobumented seded scaling due to lárge a and calculus on all rémaining					
	November 28, 20 documented that	07 - the dental consultant the patient needed scaling.	<u> </u>				
		the dental consultant the patient needed scaling.					
ORM CMS	2587(02-99) Provious Versi	res Obsolete Event ID: DLEST	1	Facility ID: 09G192	i i	continuation she	et Page 14 of
	• •				T Comments		

MAY-28-2008	3 12:56	FROM:	
04/28/2008 E	TO:TT L	AA ZUZ DI	.0 9000 UKAN

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TO:2024429430

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	· · · · · · · · · · · · · · · · · · ·	AND HUMAN SERVICES			<u>;</u>		FORM	APPROVEC
		& MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CLIA	linan e		CONSTRUCTION	<u> </u>		0. 0938-0391
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	,	09G192	BIMB	ła		 	04/	17/2008
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W 369	Professional (QMR: 15, 2008, at approximated to ascer recommended scale aforementioned control and day firms nurse not been completed non-compliance and pre-authorization for time of the survey, Client #1 received the services (scaling) in 483.460(k)(2) DRU. The system for drug that all drugs, include self-administered, and the facility of the facility in the sample that findings included the findings included. The findings included. 1. The facility's nurse and the facility in the sample an	tualified Mental Retailation P) and day time nurse on April Imately 2:00 PM was tain if the client had the ling completed on the revealed that the scaling had if due to the clients d complications with the r the dental services: At the the facility failed to ensure the recommended dental a timely manner. G ADMINISTRATION g administration must assure ling those that are are administered without error. s not met as evidenced by: on, interview and regard lity failed to ensure that dministered prescribed error, for three of the four le. (Clients #3 and #4)	W	369	1. QMRP/Mowill be in-ser regarding the 2. As previous RN/DON will check individual monitor to the serious process.	rd will be may edical LPN Structed on proceed in the contraction in t	aff edures administration. d,	5.22.08 ongoing
	with the medication medication time is 6	National eye drops. Interview number indicated that the 100 PM. Review of the der comfirmed the numbers			: : : : :	The state of the s		

MAY-58-500	38_12:57	FROM:	
04/28/2008	62:27 FA	X 20244	29430

TO:2024429430

CENTE	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		1		FORM OMB NO.	04/28/2008 APPROVED 0938-0391
	OF DEPICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	ipe) Mi A: Buil	ULTIPLE CONSTRUCTION LDING		(AS) DATE SU COMPLE	RVEY TED
		09G192	A. WIN	G		04/17	7/2008
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY 3312 4TH STREET, SE WASHINGTON, DC	Ė	E	
OG ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING DIFORMATION)	ID PREFI TAG	PROMDER X (EACH CORR! CROSS-REFERE	S PLAN OF CORE ECTIVE ACTION S ENCED TO THE AL DEFICIENCY	SHOULD BE	OX5) COMPLETION DATE
W 389	procedures indicate be given either one the prescribed time administered Client	ge 15 cy nursing policy and id that the medications were to hour before or one hour after of administration. The nurse #2 medications onethour and prescribed time of	WV 3				
W 381	observed being add The medication num liquid on the client's	3 STORAGE AND	·W3				5,22,08
	conditions of securi	·		W381 This Standard evidenced by: As previously in RN/DON will re	pentioned,		ongoing
·	Based on observati vertification, the faci proper conditions o	-		LPN staff on the regarding medicing addition, RN follow-up to addition. LPN who failed	e procedures ation administ will complete : dress individua	appropriate	
		ensure that each client's ecured during administration.		regarding medic disposition of m	ation administr	ration and	
	14, 2008 beginning nurse was observed cabinet door cracks	cation administration on April at 4:50 PM, the medication of the sedication od, opened and unlocked while light #5's medication in					
		25 PM, the medication nurse		177.16			
RM CMS-25	67(02-89) Previous Versions	Obsolete Beart to N Fits		Forthy ID: Books			

ORM CM5-2567(U2-09) Previous Versions Obsolele

The finding includes:

During the medication administration observation

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If continuation sheet Page 17 of 18

DEPARTMENT OF HEALTH AND HUMAN S	ERVICES
CENTERS FOR MEDICARE & MEDICARD SI	ERMICES

PRINTED: 04/28/2008 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(M) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(A2) MULTIPLE CONSTRUCTION A BUILDING		(XX) DATE	SURVEY LETED
		09G18R	B. WING_		-	/17/2008
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OXA) ID PREFIX TAG	LEACH DEFICIENCY	MEMENT OF DEFICIENCES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID IPREFIX TAG	PROVIDERS PLAN O (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE OTHE APPROPRIATE	COMPLETION DATE
W 455	nurse was observed medications. The respective medication is spilled on the tablet medication and admitted client. There was no evident.	t 5:30 PM, the meditation of preparing Client #6's nurse put the medication in a cup to crush the pills. The pills top. The nurse picked up the ministered the meditation to the true that proper infection were implemented during the	W 455			

Thi

TO: 2024429430

	it of deficiencies of correction	(X1) PROVIDER/SUPPLIE (DENTIFICATION NO		(252) MELT A. BUILDII B. WING		(XS) DATE 8 COMPLE	
		09G192				04/1	7/2008
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101			WASHING	STREET, S	20032		, ···
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1 000	INITIAL COMMEN	TS .		1 800	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	
	14, 2008 through A initiated using the fi random sample of them a population of	vey was conducted (pril 17, 2008. The st undamental survey p four residents was si if eight males with va ardation and disabilit	urvey was irocess. A elected irious				•••
	observations at the program, interviews	survey was based of group home and on a with residents and a all and administrative eports.	e day staff, and				4.25.08
l 056	3502,14 MEAL SE	RVICE / DINING ARI	EAS	1 056	3502		ongoing
	preparation and set care of equipment,	train staff in the story rving of food, the clear and food preparation conditions at all time	in order		This Statute will be met as evidenced by: QMRP/Home manager will additional training to staff o preparation. In addition, QN that each staff attend nutritions.	provide n meal ARP will ensure onal training	are .
	Based on observation review, the GHMRF GHMRP staff was to preparation and servate of equipment.	met as exidenced by on, interview and rec I falled to ensure the rained in the storage ving of food, the clear and food preparation conditions at all time	ord teach ining and in order		at least once yearly to ensur course as trained.	e refreshment of	
	The finding includes	B*,			1	-	
	pan of cooked steal	nt approximately 11:5 k was observed sittin PM, dinner was servi c	to on the				
! 184	3508.5(a) ADMINIS	TRATIVE SUPPORT	f	1484	, R all 194		
		have an organization	o chart	_	1		. 1
	Administration						
V/ NBORATORY	MANNY DAMINY	ersupplier represent	TATIVE DIE	ATUBE	nris Des		DATE
TATE FORM		ENGULLMEN VELKEREN	4	-	V 2014	16	18/08
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STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:			(XX) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(XX) DATE SURVEY COMPLETED		
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1 184	Continued From pa	g ≥ 1		1 184			-	
<i>,</i>	that shows the follow	Wing.	1		3508.5		i	'
	(a) All major compo agency or the roles licensee is not an a	nents of the administ of individuals when t gency;	tering the	٠		al chart is pr	ovided inside the	
•	Based on review of manual and request	met as evidenced by the policy and proof t of management sta ovide an organization responsibilities.	dures Iff. the		personnel policy order to provide manager has tran inside job descri will be provided ensure he/she is	casy ascessil sferred char ption book, a to QMRP/ho	oity, the home s to be place dditional training me manager to	4.2208 ongo 16
	The finding includes				requested.	-	chart is inclusive	
	An organizational chemical conference AM. This surveyor with organizational chemical	e on April 14, 2008 e was not provided a c	t 9:00		of the program c (c). The current the categories an direct care staff.	organization d numbers o		·.
l 165	3508.5(b) ADMINIS	TRATIVE SUPPOR	г	1 185	(d). The current lines of authority	organization	staff depict the	·
	Each GHMRP shall that shows the follow	have an organization ving:	n chart		imes of authority			
	(b) The personnel in components;	charge of the proge	2fm			· Parketter of the control of the co		
	This Statute is not in Based on record revination from the Based on record revination from the Based on the B	iew, the GHMRP fall chart the showed (ed to		1	MANAGEMENT		
-	The finding includes:	:	}					
	There was no organi personnel in charge	zation chart that lists of the program com	nd the conents.					
1 186	3508,5(c) ADMINIST	RATIVE SUPPORT	1	M18/6	. ,	i i		
alin Regula	tion Administration				:	<u>i</u> .		

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If continuation sheet 3 of 12

AND PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDERAUPPLIS IDENTIFICATION NU	erclia Meer	A BUILDING	FLE CONSTRUCTIO	>N	(X3) DATE S COMPL	
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	that shows the follo (c) The categories and direct care state This Statute is not based on review of manual and reques GHMRP failed to prepare and direct care staff. The finding includes An organizational cientrance conference AM. This surveyor withe organizational cientrance conference.	I have an organizated wing: and numbers of supple; and met as evidenced by the policy and procest of insuragement state ovide an organization and numbers of supples on April 14, 2008 at was not provided a desert throughout the society and numbers of supples and supples and s	ithe tithe tithe tithe tithe tithe	I 186				-
i 187 ;	Each GHMRP shall hat shows the follow of The lines of authorities that is not not a seed on review of the GHMRP failed to that depicting the line in organizational character conference on trance conference	TRATIVE SUPPORT have an organization ving: only. That as evidenced by the policy and process made of management provide an organizations of authority.	ures nt staff, tional the	187				•

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If continuation wheat 4 of 12

	it of deficiencies of correction	(XI) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CUA MBERI	A BUILDI		. (ACI) DATE S COMPL	
		09G192		B. WING		04/1	7/2008
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(XA) ID PREPIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MIUST BE PRECEDED BY SC IDENTIFYING INFORM	HINT.	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1 187	Continued From pa	ge 3		∍ 167			
	the organizational c determine the lines	hart throughout the of authority.	survey to				
1 203	3509.3 PERSONNE	el policies		1203			
	descriptions with as employment and at This Statute is not Based on record reprovide evidence the contents of job comployee at the begand annually thereat The finding includes Review of the personnel.	s: onnel files on April 17	beginning after. : : : : : : : : : : : : : : : : : : :		3509.3 This Statute will be met as evidenced by: QMRP/Home manager has re and #5 job description and is and on file. The managers will employee job description year this information is file inside book for review as required.	urrently signed I review each ly and ensure	4. 21.08 o nagoing
1 206	staff (Staff #4 and # reviewed. 2509.6 PERSONNE	dence that two directs 5) job descriptions h	ad beeu ic≊re	H206			4.22.08 ongounty
	Each employee, price annually thereafter, confification that a higher performed and that would allow him or fidules.	orito employment an shall provide a physic salth inventory has b the employee 's hea wer to perform the re	bian 's een lifn slebus juired		3509.6 This Statute will be met as evidenced by: Employees updated Health Cobeen placed on file. QMRP/F Management will ensure that of all employees' health status in accordance with policy and DCMR, Chapter 35.	acility documentation	
1.	This Statute is not n Based on Interviews facility failed to achie regulations pertaining	and record review, to we compliance with t	he State				
PUM Regula	tion Administration			60 E	LE311	If continuation	n sheet 4 of 12

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If continuation sheet 6 of 12

	T of deficiencies of correction	(X1) PROVIDENSUPPLIE IDENTIFICATION NO	RICLIA MBER	A BUILD		N .	(XS) DATE S COMPLI	
		096192		B. WING			04/1	7/2008
NAME OF P	ROMDER OR BUPPLIER		B	·•	, STATE, ZIP CODE			
וסו			3312 47H WASHING	STREET.	SE 20032			
(XA) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC INENTIFYING INFORM	FULL.	ID PREFIX TAG	(EACH COR	R'S PLAN OF CO RECTIVE ACTION RENGED TO THE DERGIENCY)	A SHOULD BE	(XS) COMPLETE DATE
1 206	Continued From pa	ge 4	•	1 206				
	Chapter 35, Section	a 3509,6),						
_	The finding include:	\$					•	
	of personnel record time there was no a	y agency conducted is on April 17, 2008; Midence that one did a current health cert	at which		• • :		•	
1 222	3510.3 STAFF TRA	UNING .		1222	2510.2	: . ج ، ـــــــــــــــــــــــــــــــــ	• •	1
-	There shall be confi	inuous, engoing in-s cheduled for all pers	Brvice Onnel		evidenced	f -		5,22,08 ongoing
· · ·	Based on observation verification, the GH	met as evidenced by ons, interview and re MRP failed to ensure p in-service training pall personnel.	cord			eference W25 eference W369		
.	The findings include	ə: .			:			
		rograms in accordar Plan (IPP) for one of				dans to the first		
	received all prescrib	to ensure that Clien and madications with asidents in the facility	but error					
1 224	3510.5(a) STAFF TI	RAINING		11224		r : : :		
	Each training progra limited to, the follow	ım shall include, but ing;	not be		:			
	(a) Overview of men not limited to, definit	ital relardation including including the contract of the contr	ling, but		:			
EARTH REGULE	ition Administration A		#		DLE311	* L	l' continuer	on sheet 6 of 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER:		R/CLIA MBER:	OC2) MULTIPLE CONSTRUCTION A BUILDING		COMPLETED		
		099192		B. Wing		94/17/2908	
NAME OF	ROVIDER OR SUPPLIER			•	STATE ZIP CODE		
IDI	ID! WASH			TREET, S	0032		,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION)		eatt	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE AFPROPRIATE DEFICIENCY)		(XE) COMPLETE DATE
1 224	Continued From pa	ge 5		1 224		2 007	
	frequently used me of individuals with n living skills; This Statute is not Based on observati	sted health implication dications, the history nental retardation, an met as evidenced by ion, staff interview and failed to ensure effi	of care id daily : d record		3510.5 (a), (b) and (c) This Stature will be met as evidenced by: The QMRP and home manag		5.9.08 ongoving
	training was provide	e to each staff.	-Cave		that direct care staff receive a to perform duties effectively competently.		
	The finding includes: Review of the training records on April 17, 2008, revealed that the GHIMRP falled to provide training in overview of mental retardation.		de	ı	QMRP and Home manager additional training on staff tracompliances. The QMRP and home manager and implement an effective services.	aining er will establish	
l 225	3510.5(b) STAFF T	RAINING) 225	that staff member were train outlined in GHMRP training	compliance. Iл	
	Each training progra limited to, the follow	am shali include, bui ring:	not be		addition, QMRP/home mana periodically review training t that all staff are trained as hi	oook to ensure ed. Training	·
	(b) Human develop: (birth to death);	men t through the life	cycle		director will complete a period training book to ensure comp training requirements.		
	Based on record re	met as evidanced by view, the GHMRP fal ining was provide to I	led to				
	The finding includes	ž.	ł				
	Review of the training revealed that the Gittaining in Human D	ng records on April 11 HMRP failed to provil Development	7, 2008 de				
l 227	3510.5(d) STAFF T	RAINING		H227	- - - - - - - - - -		
	limited to, the follow	am shall include, butl ing:	not be		4	,	
ealth Regul	atlon Administration		····	4			

P.19 **超029**

	TATEMENT OF DEFICIENCIES ND FLAN OF CORRECTION CX1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(XZ) MULT A. BUILDIN R. WING		(AS) DATE SURVEY COMPLETED	
11412		09G192	1	i		04/17/2008	3
ID I	ROVDER OR SUPPLIER		3312 4TH	STREET, STON, DC 2	STATE ZIP CODE E 8932	-	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) RESULATORY OR L	TEMENT OF DEFICIENCE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL ATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TIGH SHOULD BE COMP THE APPROPRIATE DAT	A) YETE TE
	Continued From particle (c) Infection control This Statute is not Based on record rehave on file for revision employees. The findings include On April 17, 2008, is records/training records/training records/training records/training records/training records/training records/training records/training records/training records and assistance to rethe resident's individual to emple the findings include the findings include The findings include	for staff and resident met as evidenced by view, the CHMRP factor of personnel onds revealed that or aff (Staff #1, #2, and CPR cards. CON AND TRAINING provide habilitation, esidents in accordance in accordance and record review, the sure habilitation, training the provide habilitation provided to residents in air ladividual Habilitation, training the provided to residents in air ladividual Habilitation, training the provided to residents in air ladividual Habilitation, training the provided to residents in air ladividual Habilitation at the provided to residents in air ladividual at the provided to residents in air ladividual Habilitation at the provided to residents in air ladividual at the provided to residents in air ladividual at the provided to residents in air ladividual at the provided to residents in air ladividual at the pr	its; r. filed to I First Ald fir	1227		t as	08
	(ISP) dated June 6, 12:30 PM revealed a activities of daily living	#1's Individual Supp 2007, on April 15, 20 a goal to improve his agaidis. The object and assistance, [the i	108, sit s ve stated				

STATEMENT OF DERICIENCIES AND PLAN OF CORRECTION OM) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:			(XX) MULTIPLE CONSTRUCTION A BUILDING			(CS) DATE SURVEY COMPLETED		
				B. WING			04/17	7/2008
NAME OF F	ROVIDER OR SUPPLIER	- 1			STATE, ZIP CODE			· · · · · · · · · · · · · · · · · · ·
IDI			3312 4TH WASHING	STREET, 8 TION, DC 2	E 20032			
(X4) (D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORM	FULL	ID PREHX TAG	(EACH CORR)	E PLAN OF COR ECTIVE ACTION : ENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 422	Continued From page	ge 7	· · · · · · · · · · · · · · · · · · ·	1422	.];			
	will brush his hair or for six consecutive	n 80% of the trials re Months."	corded		3522.11	· •		
	no program status. reflected that the pruntil March 2008 (ni interview with the Q	P's quarterly reviews Review of the data to ogram was not imple he months later). In MRP on April 15, 20 the program did note	sincets emented an 08, he		This Statute will evidenced by: 1. The expired she the LPN. RN will	ampoo has bee	onal training	
	March 2008. 2. The facility failed	to implement Resid	ent#4's		to LPN on destruct As previously mention check and monitor compliance with a	ction of expired ntioned, RN w r to ensure ong all medication s	I medication. ill randomly	5·22·0Y
	onto a mat. The sta back and instructed	nt #4 out of his when iff placed the resident him to stretch his leg the resident back in ith. Review of the re 8 at approximately 1 ident had an objecth ion for 10 minutes." on April 17, 2008, it w ion of the QMRP tha ioned in the supple h	t on his us out. to his sident's 1:50 AM,; ve to During vas t the		3. reference	: W331		
i	 The facility failed participate in his wall opportunities arose. 	to encourage Reside dng program as	ent#1 to		a .	·		
	On April 14, 2008 at propelling Resident # pedroom. At 8:40 An propelling the resider an for day program. Observed propelling to the pedroop	f1 in his wheelchairth M, staff was observe It in his wheelchair to At 3:20 PM, ataff w	o his d o the					

STATEMENT AND PLAN C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION CONTIFICATION NUMBER:		BER: A.SU	POZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING			OG) DATE SURVEY COMPLETED 04/17/2008		
_		09G19Z				1 04/1	7/2008		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADRESS, O 3312 47H STREE WASHINGTON, D	ī, se					
(X4) ID PREFIX TAG	(SACH DERCIENT	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY LSC (DENTIFYING INFORMAL)		EACH (EACH	VIDER'S PLAN OF CORRECTIVE AC LEFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(XS) CDNPLETE DATE		
422	Continued From p	age 6	1422				- 1		
	At 4:00 PM, staff of Resident #1 in his be changed. At 6	n arrival from the day p was again observed pr wheelchair to his bed! :18 PM, the resident w down the hall with stat	ppelling com to as						
•	approximately 11: Resident #1 had a the Physical Ther IPP dated June 6 program objective assistance, [the n minutes for three consecutive mon Physical Therapy revealed a recom	QMRP on April 15, 20, 200 AM indicated that it walking program deviapist. Review of the report of the report of the report of the report of the report of the report of the report of the report of the review of the review of the review of the review of the review of the report of th	eloped by sident's saled a stand by or 10 file y 2007, sident						
	on April 14, 2008 Indicated that Rehead. However is shake the resided 3:55 PM, Resided head on a direct #1 shook his han to rub his own he indicated that the rubbed. Howeve staff to implement head rub". At 5: rubbing Resident smill		AM AM AM AM AM AM AM AM AM AM AM AM AM A						
	by the Social Wo steps:	sident #1's protocol da rker revealed the follot							
Health Reg	ylation Administration RM	,	tsnip	DLE311	: [if continua	Mon sheet 9 of 12		

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STATEMENT ÁND PLAN C	OF DIFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIES IDENTIFICATION NUMBER 192	#3EK:	IBI WING			OS) DATE S COMPLE 04/1	URVEY TED 7/2898
NAME OF P	ROMDER OR SUFFLIER		3312 ATH 5	WESS, CITY, S TREET, SE TON, DC 20	032			<u> </u>
(XA) ID PREFIX TAG	かけったい ヤドロインにんべ	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	PULL 1	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENT	PLAN OF CORRE TIVE ACTION SH CED TO THE APP EFICIENCY)	OULD BE	(XO) COMPLETE DATE
1 422	Continued From pa	age 9		N422	:			
	give him a firm har - When Resident in his head, staff sho	Resident #1, the staff nd shake; #1 attempts to get state uld refuse and continued to say, "fine resident)	वंधा वो हैं। व्यं अप					
	shake hands"; and - After shaking ha	i nds,without rubbing [t daff should again say,	h e					
	There was no evid	lence that the facility ident #1's protocol as	written.			•		
1 484	3522.11 MEDICA	TIONS		1 484				
	medication that is	all promptly destroy pl discontinued by the p e expiration date, or f missing label	an airie an	,	This Startule	- will be v	net as	
	Based on observe review, the facility prescribed medic the primary care;	ot met as evidenced be ation, interview and represented to promptly destination that was discontractions for one of the cility. (Resident #8)	cord strey dinued by		engenoeg ph,			
	The findings inclu	de:	1		Reference res Deficiency	ponse to be	deial	5.22.08
	17, 2008 at 2:10 I shampoo was exp had no label on it current physician an order. However	rironmental inspection M, a bottle of Loprox pired (manufacturer to Review of Resident order revealed no evi- ver interview with the li- dicated that the shan-	d1% bel) and #6's idence of Licensed		Deficiency r	epot W3	· 21 ،	

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V4/40/40V0	_ TA-EE_	FAA 444	970 500
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TO:2024429430

STATEMENT C AND PLAN OF	TATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIENCLIA IDENTIFICATION NUMBER:		H/CLIA MBER!	(XZ) MULTIPI IA BUILDING IB: WING	E CONSTRUCTION	(X3) DATE S COMPU	17/2008
		086192	STREET ALD	RESE, CITY, ST	ATE, ZIP CODE		
NAME OF PRO	OVIDER OR SUPPLIER		3342 ATH	STREET, SE YON, DC 20	932		
(X4) LD PREFIX TAG		ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LACIDENTIFYING INFORM		ID IPREFIX TAG	PROVIDERS PLAN (EACH CORRECTIVE CROSS-REVERENCED DEFICI	action should be to the appropriate	COMPLETE DATE
1 484	Continued From p	age 10		1484			
	medications. Dudgo the medica	ed to properly destroy	Uservation		. 1		
	on April 14, 2008: nurse was observed medications. The souther medication crushing the medication (Dilastin 50 md) from the medication of	at 5:30 PM, the medical preparing Client # modical rurse put the modical cup to crush the pillication, three fours of the floor. The	canon White Stion in a	,			
	nurse continued to 6:35 PM, the medication runedication time is medication runedication for e is nurse in nurse is nurse	o crush the remaining lication nurse attempt ent's medications. At 7:35 PM, the clic dhis medication. Interest indicated that the 6:00 PM. Review order confirmed the	olpiks. At tited to t that time est was erview with at title				
	procedures indicate to be given elitrer after the prescrib nurse administer	ency nursing policy a sted that the medicat one hour before or o ed time of administra ed Client #8's medica thes after the prescri	iions were one hour ation. The ations one		de de Seculation de la constant de l		
	informed that the that time she add The medication I Dilantin oill in the	PM, the medication redication redication redication pill fell to the ninistered another Daurse was observed trash can. It should administered after the	e floor, at Nantin pill. Hrowing the I be noted		3523.1 This Stature will	be met as	511.08
1 600	3523.1 RESIDE	VT'S RIGHTS		1:500	evidenced by: Reference W124		
	1	sidence director sha	ll ensure	<u> </u>			
Health Regu	lsition Admini stratio n M	•		460	DLE311	H continu	estion sheet 11 of 12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER 09/9192			VCLIA RIER:	(D2) MULTIPLE CONSTRUCTION ALBUILDING IIB. WING			COMPLETED 64/17/2008	
			Deter OTV 5	TATE, ZIP CODE				
NAME OF P	ROMDER OR SUPPLIER		3312 4TH	STREET, SI	2 0032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(D PREFIX TAG	/EACH CODE	TE PLAN OF COR RECTIVE ACTION RENCED TO THE DESCIENCY)	SHOULD BE	COMPLETE DATE
1 500	that the rights of reprotected in according to the record chapter, and other laws. This Statute is not Based on observatively, the Group Retardation (GHM protect the rights owith federal regula. The findings include the findings included ensure clients the four clients in the four clients in the four clients in the four clients in the four clients in the four clients in the behavior intervents of behavior modifications of the four clients in the clients in the clients in the clients of the clients of the clients of the four clients.	sidents are observed tance with D.C. Law applicable District and applicable District and time tas evidenced by tion, interview and real Home for Persons with RP) failed to observe of a resident, in accordions 42 CFR 483.42 ie: d to establish a system that were informed of their medication to the sample. [See Fee	A-127, this It federal It federal It Mental Eand dance O. In that It for their It two of Jeral Actions It givertian I (See	PLSOG				
Regilth Reg STATE FO	ulation Administration	 -	·	99	DLE311		ff octables and	ion sheet 12 of 12